


BAR CODE LABEL		U.S. PATENT APPLICATION			
					
SERIAL NUMBER		FILING DATE	CLASS	GROUP ART UNIT	
08/732,408		12/09/96	623	3308	
APPLICANT	JOHANNES REINMULLER, WIESBADEN, FED REP GERMANY.				
	**CONTINUING DATA***** VERIFIED THIS APPLN IS A 371 OF PCT/EP95/01357 04/12/95  _____				
ADDRESS	**FOREIGN/PCT APPLICATIONS***** VERIFIED FED REP GERMANY P 44 14 103.3 04/22/94  _____				
	***** SMALL ENTITY *****				
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS	FILING FEE RECEIVED	ATTORNEY DOCKET NO.
DEX	0	16	1	\$520.00	HUBR1099PFFM
TITLE	FELFE AND LYNCH 805 THIRD AVENUE NEW YORK, NY 10022				
	MEDICAL IMPLANTS MADE OF STRUCTURAL ELEMENTS				
This is to certify that annexed hereto is a true copy from the records of the United States Patent and Trademark Office of the application which is identified above.					
By authority of the COMMISSIONER OF PATENTS AND TRADEMARKS					
Date		Certifying Officer			



Bib Data Sheet


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<b>SERIAL NUMBER</b> 08/732,408	<b>FILING DATE</b> 12/09/1996 <b>RULE</b> -	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> HUBR1099PFFM	
<b>APPLICANTS</b> JOHANNES REINMULLER, WIESBADEN, GERMANY; <i>BP</i>					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP95/01357 04/12/1995 <i>BP</i>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY P 44 14 103.3 04/22/1994					
** SMALL ENTITY **					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Brian Seligman</i> Verified and Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> FULBRIGHT & JAWORSKI L.L.P. 666FIFTH AVENUE NEW YORK, NY 10103					
<b>TITLE</b> MEDICAL IMPLANTS MADE OF MOULDINGS					
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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<b>APPLICANTS</b> JOHANNES REINMULLER, WIESBADEN, GERMANY; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP95/01357 04/12/1995 <b>** FOREIGN APPLICATIONS *****</b> GERMANY P 44 14 103.3 04/22/1994 <p style="text-align: center;"><b>** SMALL ENTITY **</b></p>					
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<b>ADDRESS</b> - FELFE AND LYNCH 805 THIRD AVENUE NEW YORK ,NY 10022					
<b>TITLE</b> MEDICAL IMPLANTS MADE OF MOULDINGS					
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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